



CASE REPORT

Exploring the Effectiveness of *Ayurvedic* Treatment in Chronic Low Back Pain: A Case Report

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ARTICLE HISTORY

Received: 04 July 2025

Accepted: 23 August 2025

Available online

Version 1.0 : 30 September 2025

Keywords

Gridhrasi, Chronic Low Back Pain, *Ayurvedic* Management, Case Report

Additional information

Peer review: Publisher thanks Sectional Editor and the other anonymous reviewers for their contribution to the peer review of this work.

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CITE THIS ARTICLE

Sreekala E, Rajasree GK, Aswathy L, Shilpa S, Mursida P, Sumi S. Exploring the Effectiveness of *Ayurvedic* Treatment in Chronic Low Back Pain: A



Case Report. Kerala Journal of Ayurveda. 2025;4(3):25-29.

<https://doi.org/10.55718/kja.437>

Abstract

Introduction: Low back pain (LBP) is the most common musculoskeletal disorder globally and continues to be one of the leading contributors to global disability. The majority of individuals encounter LBP at least once in their lifetime, with women being more frequently affected than men. Chronic LBP significantly contributes to work-related absenteeism, restricted participation, and diminished quality of life on a global scale. It should be recognized as a critical public health issue requiring a comprehensive and effective response.

Gridhrasi, as described in *Ayurvedic* literature, shares symptomatic similarities with low back pain. It is characterized by symptoms like *Ruja* (pain), *Toda* (pricking sensation), and *Stambha* (stiffness), which initially begin in the *Sphik*(gluteal region) and radiate distally to the *Kati-Prishta* (lower back), *Janu* (knee), *Jangha* (thigh), and *Pada* (feet). Individuals suffering from *Gridhrasi* often experience restricted movement, significantly impacting their daily activities and quality of life.

Aim and Objectives: This study aimed to evaluate the effectiveness of *Ayurvedic* treatment for managing low back pain.

Materials and Methods: This is a single case study involving a 38-year-old female patient who presented to the OPD of the Department of *Kriyasareera* at Govt. Ayurveda College Kannur with complaints of severe low back pain radiating to both lower limbs, accompanied by stiffness, which significantly impacted her ability to perform daily activities. The pain had started 16 years ago, but its intensity had worsened in the past year. The patient underwent treatment with *Panchakarma* procedures, including *Churna Pinda Sweda*, *PatraPotaliSweda*, *Kati Vasti*, *Matra Vasti*, *Kashaya Vasti*, along with *Samana Chikitsa*.

Results & conclusion: After one month, symptomatic assessment of patient was done, and a satisfactory outcome was seen. There was also a substantial improvement in the patient's overall quality of life. This case study provides evidence supporting the successful management of low back pain through *Ayurvedic* treatment modalities.

Introduction

In today's fast-paced world, marked by demanding work environments and sedentary lifestyles, health issues like low back pain have become increasingly prevalent. Low back pain affects the muscles, nerves, and bones of the back, with its incidence in India ranging from 48% to 66% (1). Contributing factors such as overexertion, prolonged sitting, jerky movements during travel, and improper lifting techniques play a significant role in its onset, and it may lead to degeneration. It is the fifth leading cause of hospitalization and the third leading cause of surgical interventions (2). Among the causes, intervertebral disc prolapse (IVDP) is one of the most common contributors to low back pain.

In *Ayurveda*, low back pain is often linked to an imbalance of the *Vata dosha*, especially when it affects the lower back region, referred to as the "*Kati*" area. Ayurvedic terms such as *Katishoola*, *Kati Graha*, *TrikaShoola*, and *Gridhrasi* are used to describe various manifestations of low back pain, with *Gridhrasi* being the most commonly encountered in *Ayurvedic* clinics (3). Excessively aggravated *Vata* in the *Sphik* region leads to symptoms such as stiffness, pain, and discomfort, gradually affecting areas like the *Kati*, *Prishta*, *uru*, *Janu*, *Jangha*, and *Pada*, resulting in intermittent pain or spasms, which is characteristic of *VatikaGridhrasi*. *Vatakaphaja Gridhrasi* is specifically marked by symptoms such as heaviness, fatigue, and loss of appetite (4).

While modern medicine typically addresses low back pain through pharmacological treatments, physical therapy, and sometimes surgery, *Ayurveda* offers a personalized approach focused on restoring the balance of all the *doshas*. *Ayurvedic* treatments emphasize lifestyle modifications, natural therapeutic interventions, and the use of specific treatments like *Snehana*, *Swedana*, *Vasti*, and other *Panchakarma* therapies to pacify aggravated *Vata* and relieve pain, stiffness, and inflammation. These therapies not only alleviate the symptoms but also prevent further degeneration and recurrence of the condition.

This case highlights the effective management of chronic low back pain using a customized *Ayurvedic* treatment protocol, without adjunctive modern pharmacological or surgical intervention. The therapeutic regimen comprising *Panchakarma* procedures, individualized formulations, and targeted *nidana parivarjana* was designed based on *dosha* predominance and patient *prakriti*. Unlike most documented approaches that focus on short-term analgesia, this intervention achieved sustained pain relief and functional recovery. To our knowledge, documented evidence of objective improvement in low back ache using this precise

combination of *Ayurvedic* modalities is scarce, making this case a novel contribution to integrative pain management literature.

Patient information

A 38-year-old lean-built female patient, with a known history of hyperthyroidism, presented with severe low back pain radiating to both lower limbs and associated stiffness, which has worsened over the past year. Sixteen years ago, she fell and injured her lower back during the fifth month of her first pregnancy, which marked the onset of her low back pain. Despite the pain, she continued engaging in strenuous physical activities, including driving an auto-rickshaw. In 2016, she met with a road traffic accident, resulting in right hip fracture. She was advised bed rest for three months, but after following the advice for just one month, she resumed her household duties, leading to worsening pain. She consulted several physicians over the years and took medications that only offered temporary relief, leading her to discontinue them. In October 2022, the pain became unbearable, prompting her to seek treatment from a traditional practitioner who performed *uzhichil*, providing significant relief. However, a year ago, due to her hard-working nature, the pain aggravated again, and despite trying different medications, she has not found substantial relief. The patient reports that the pain worsens during physical activity and improves temporarily with rest. She also experiences difficulty getting out of bed in the morning, with pain intensifying during prolonged forward bending or exposure to cold, while heat exposure offers some relief. She consulted our OPD two weeks ago for further evaluation and management.

History of Past illness:

The patient was on *Ayurvedic* medication for hyperthyroidism for two years.

She had a history of a road traffic accident in 2016.

Family History:

No relevant findings.

Psychosocial Status:

The patient is anxious and frustrated due to the pain but shows resilience in carrying out daily activities.

Personal History:

- Bowel: Constipated
- Appetite: Good, heartburn present
- Micturition: 5-6 times a day, 1-2 times at night
- Sleep: Disturbed due to pain

Obstetric history: P2L2A0

Menstrual history:

Cycle: Regular, 5-6/28 days

Amount: 3 pads/ day

Pain: Present - first 2 days

Occasional whitish discharge per vagina, no pain, Itching or burning sensation

Clinical findings

General Examination -Vital signs were within normal limits

The patient exhibited no signs of pallor, icterus, cyanosis, clubbing, lymphadenopathy, or edema.

Systemic examination

Affected system: Locomotor system

Gait : Antalgic gait

Site	Inspection	Palpation	ROM
LS Spine	No swelling	Grade 2 tenderness over L5, S1.	Flexion, extension, and lateral bending - restricted due to pain
Hip joint	Scar over right hips caused due to road traffic accident	Grade 1 tenderness on the right side of the Sacroiliac Joint	Flexion, Extension, Adduction, Abduction - restricted due to pain

SLR test is positive on the right side and negative on the left side

Confirmatory tests

Lasegue test: Negative bilaterally

Bragard's test: Negative bilaterally

All other systemic examinations were within normal limits.

Investigations

X-ray LS spine: Reduced intervertebral disc space at L5 -S1

Ashtasthana pareeksha

Nadi : Sadaranam

Mutram: Anavilam

Malam: Badham

Jihwa: Anupaliptham

Sabda: Vyaktha

Sparsam: Anushna Seetham

Drik: Vyaktham

Akrithi: Krisa

Dasavidha Pareeksha

Dushyam: Vata, Asthi, Majja, Snayu, Sandhi

Desha: Deha - Adha kaya, Bhumi: Jangala

Bala: Roga - Madhyama, Rogi - Madhyama

Kala: Kshanadi - Greeshma, Vyadhyavastha: Saama

Analam: Teekshnagni

Prakrti:Vata-pitta

Vaya: Madhyama

Satva: Madhyama

Satmya: Madhura pradhana sarva rasa satmya

Ahara: Jaranasakthi-Madhyama, Abhyavaharana Sakthi-Avara

METHODOLOGY /TREATMENT GIVEN:

*After taking informed consent from the patient, the patient was treated with both internal medications and external therapies. Targeted exercises were also advised to strengthen low back region.

Internal Medicines

Medicine	Anupana	Dose
GandarvahastadiKashaya		60ml Bd
Gandarvaerandaitailam	Kashaya	5ml Bd
Kaisoraguggulu	Lukewarm water	1 Bd

Treatment Given

Treatment	Medicine used	Duration
Lepanam (Kati Region)	Nagaradilepachoorna	14 days
Choornapindasweda (Sarvanga)	KolakulathadiChoornam	7 days
Patrapottalisweda (Sarvanga)	SahacharadiTailam	7 days
Kateevasthi	Dhanwantaramtailam + Karpooraditailam	5 days
Matravasthi	Sahacharaditailam + Dhanwantaramtailam	5 days
Abhyanga (Sarvanga)	Dhanwantaramtailam + Karpooraditailam	5 days
Kashayavasthi	GandarvahastadiKashaya + Sahacharaditailam	2days

Result

	BT	AT	First follow-up (14 th day)	Second follow-up (28 th day)
Pain	7	3	2	1
Tenderne ss	3	2	1	1
SLR	Right: 40 ⁰ (passive) Left: negative (active)	Right - 60 ⁰ (passive) Left - No pain	Right- 60 ⁰ (passive) Left - No pain	Right- 60 ⁰ (active) Left - No pain

(BT: Before treatment AT: After treatment)

FOLLOW-UP INSTRUCTIONS

1. Continue home regimen

- Daily self-application of *Sahacharaditailam* + *Dhanwantaramtailam* over the lower back for 30 minutes, followed by a hot bath.
- Oral intake of prescribed medicines: (1 month)

Medicine	Anupana	Dose
<i>Sahacharadi Kashaya</i>	<i>Ksheerabala taila</i> (101)(2 drops)	60ml Bd
<i>Tab Trayodasanga guggulu</i>	Lukewarm water	1 Bd
<i>Guggulutiktaka Ghritha</i>	Warm water	1 tsp HS

2. Ahara-(Pathya-Apathya)

- Include warm, light, and easily digestible foods; avoid excessive intake of *guru*, *ruksha*, or *vata-prakopaka* items (e.g., cold, raw, or dry foods).
- Maintain adequate hydration with warm water.

3. Vihara-(Pathya-Apathya)

- Avoid prolonged forward bending, lifting heavy weights, or sudden jerky movements.
- Maintain correct sitting posture; use firm seating support.
- Introduce walking for 15-20 minutes daily.

Discussion

This report outlines the case of a patient with recurrent low back pain who received 26 days of *Ayurvedic* treatment, which included a combination of herbal medications and *Panchakarma* therapies. The treatment protocol, which included *ChoornaPindaSweda*, *PatraPotalaSweda*, *SarvangaAbhyanga*, *Vasti*, *Gandarvahastadi Kwatha*, and *Kaisora Guggulu*, was intended to reduce pain, decrease inflammation, and enhance functional mobility.

The patient had a history of a fall on the lower back (*Abhigata*), which initiated low back pain and created *Khavaigunya* at the level of the *Kati pradesa*. In addition, excessive strenuous activities and prolonged sitting due to occupational demands resulted in *Vata prakopa*. The aggravated *Vata* localized in *Asthi*, *Majja*, and *Snayu*, leading to the development of *Ruja* and *Supti* in the *Kati pradesa*. Furthermore, the nature of the job, with irregular meal timings and consumption of *Ahita ahara* such as junk food, caused *Agnimandya* and *Ama utpatti*. The association of *Ama* with vitiated *Vata* further obstructed channels and aggravated symptoms, resulting in the manifestation of *Gridhrasi*.

Gridhrasi is primarily classified as a *Vata* disorder, although it can occasionally involve *Kapha dosha*. In cases of

low back pain, transient swelling (*sopha*) and the presence of *ama* are commonly observed. To address these issues, the patient was initially treated with *rooksha sweda* (*choornapinda sweda*) for seven days, using *Kolakulathadi churnam*, which is *Kapha* and *Vatahara* and effective in managing *amaavastha*. The *Ushna Guna* of *Swedana* facilitates *SrotoShodhana*, helping to alleviate stiffness. *Kolakulathadi churnam* (5), due to its *Ushna* and *Tikshna Gunas*, can penetrate microcirculatory channels, stimulate sweat glands, and promote increased sweat production. This leads to the dilation of microchannels, improving circulation, reducing stiffness and pain, and facilitating easier movement (6). For localized swelling, *Nagaradilepam* was applied to the lower back region.

After seven days of *CPS*, the pain slightly worsened, which is interpreted as the transition from *samavataavastha* to *kevalavataavastha* due to *ama paka*. Consequently, *Patrapotalasweda* with *Sahacharaditailam* was administered to pacify *Vata*. It is a *snigdha sweda* and counteracts the *rooksha* and *sheeta guna* of *vata* with its *snigdha* and *ushnaguna*. *Sahacharaditailam* is an excellent remedy for *vatarogas*, as it balances all *vata*-related conditions (4).

For localized *vatasamana*, *Kati Vasti* was performed using *Dhanwantharamtaila* and *Karpooraditaila*. *Kati Vasti* is highly effective for relieving pain and stiffness associated with low back pain, as it promotes *dosha vilayana* and *Kledana* at the *kati pradesha*. This treatment acts as *Srotovishodhana* and *SwedaPravartana* due to the warm temperature of the oil, also providing *Snehana*, *Vishyandana*, *Mardava*, and *Kledana*, which helps to alleviate stiffness, heaviness, and coldness. As a form of moist heat, *Kati Vasti* enhances blood flow, reduces inflammation, decreases joint stiffness, and relieves deep muscle pain and spasms (6). *Dhanwantharam taila* is renowned for its *vatahara* properties, while *Karpooradi taila* offers significant analgesic effects, both indicated for musculoskeletal conditions (2).

Following this, a full-body *abhyangam* was performed for one week with *Dhanwantharam taila* and *Karpooraditaila* to counteract the *rooksha guna* of *Vata* through the *snigdha* nature of the oils (7). *Matravasti* was conducted during the first five days of *abhyanga* treatment to pacify *pakvashayagatavata*. During the final two days of *abhyanga* treatment, *Kashaya Vasti* using *Gandharva Hastadi kashayam* and *Sahacharaditailam* was given, as *Vasti* is considered a '*param Vataharachikitsa*', facilitating the movement of *Vata* in its natural channels. It has a systemic effect by eliminating *Doshas* through *PakwashayaShodhana*. *Niruha Basti* serves as *Srotovishodhana*, while *matravasti* aids in *Malashodhana* and *Vatashamana*. Constipation (*Malasanga*) can increase pressure on the lumbar

spine, exacerbating lower back pain, and enema therapy helps reduce this pressure and ease the pain. It also sustains the effects of treatment due to its rejuvenating properties (6).

Throughout the treatment, *Gandharvahastadikashayam* (60ml) along with *Gandharva Erandatailam* (5ml) were administered twice daily before meals to provide *vasasamana* and analgesic effects(8). *Kaisora Guggulu gulika* was given twice daily after meals as *vyadhivipareeta* and *vedanasthapana*. Also, *guggulu* is a powerful herb known for its analgesic, anti-inflammatory, and antioxidant properties (9).

The treatment efficacy was assessed using outcome measures such as: Visual Analogue Scale (VAS), Extended Straight Leg Raise (SLR) Test, and walking distance. The VAS scores for low back pain improved, suggesting improved down-range functionality with less pain. The SLR test remained positive, but walking distance improved greatly. There were no adverse effects reported.

This case study, though limited by its single-case design, indicates that *Ayurvedic* management can be effective for chronic low back pain. The lack of MRI results restricts the ability to assess structural changes in the lumbar spine. A longer follow-up period would add validity to these results and allow for an understanding of the long-term effects of *Ayurvedic* treatment. The results are consistent with earlier research indicating *Ayurveda's* potential for spondylolisthesis management and with some other case studies, showing remarkable improvement in lumbar disc herniation patients receiving *Ayurvedic* treatment.

CONCLUSION

In this case, the patient presented with a case of chronic low back ache (LBA), which resulted in significant discomfort and impairment of daily activities. By adopting *Ayurvedic* principles, the condition was accurately identified, leading to the implementation of a targeted treatment plan involving *panchakarma* procedures and internal medications.

In conclusion, this case report demonstrates the potential effectiveness of *Ayurvedic* management in treating chronic low back pain. By incorporating a combination of external and internal therapies along with lifestyle adjustments, the patient experienced significant pain relief and improved mobility. The results suggest that *Ayurveda* can be a promising alternative for managing chronic low back pain, particularly when conventional treatments offer limited or temporary relief. Further research and clinical trials are needed to validate the long-term effectiveness of *Ayurvedic* interventions in chronic pain management.

ACKNOWLEDGEMENT

Nil

PATIENT'S PERSPECTIVE:

I have been suffering from lower back pain for many years. When the pain worsens, I usually visit a doctor and take pain medication, which offers temporary relief. However, about a year ago, the pain became more severe, making it difficult to perform my day-to-day activities. I approached the Government Ayurveda College, Kannur, IPD, for better treatment. The physician recommended IP treatment with some medications to manage the pain. As the treatment proceeded, I noticed some improvement, which made me feel hopeful. The physician also advised me of targeted exercises that helped to strengthen my back, and slowly, I regained some mobility and pain relief.

Although I'm not entirely pain-free yet, I feel significantly better compared to three months ago. I'm more mindful of my posture and exercise regularly to strengthen my back. Looking back, I feel grateful for the support of my doctors and therapists.

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